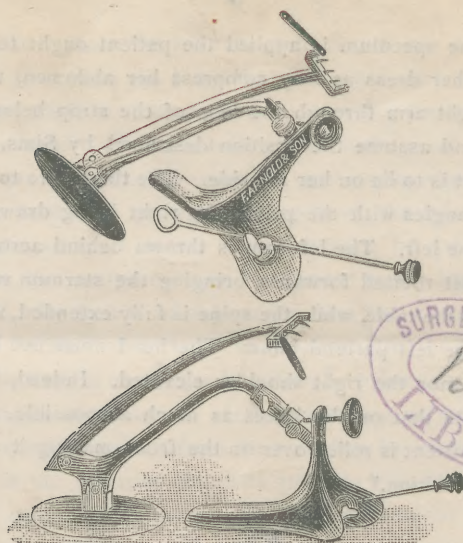


Erich (A. F.)



ERICH'S SPECULUM.

[Extract from the *Baltimore Physician and Surgeon*, Sept. 1, 1874.]

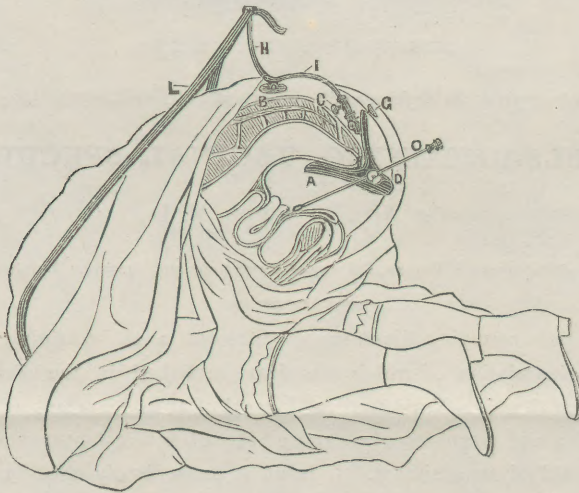
A SELF-RETAINING VAGINAL SPECULUM,

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The accompanying illustrations represent a self-retaining speculum, a description of which was first published in the February number of the *New York Medical Journal* of 1869, by means of which the vagina and uterus may be exposed for all surgical purposes without the aid of an assistant. It is most conveniently used in Sims' left lateral semi-prone position. The second wood-cut represents it as used with the patient upon her knees, this being the best position to show all the parts of the instrument in the illustration. This position is, however, rarely assumed in practice, as it is more fatiguing to the patient and less convenient to the operator. It exposes the interior of the vagina upon the same principles as Sims' speculum, by retracting the perineum; the distension of the vaginal cavity being secured by placing the patient in such a posture as will cause the pelvic organs to gravitate from the retractor.

Before the speculum is applied the patient ought to loosen such portions of her dress as may compress her abdomen, then put her head and right arm through the loop of the strap belonging to the speculum, and assume the position described by Sims, as follows: "The patient is to lie on her left side. The thighs are to be flexed at about right angles with the pelvis, the right being drawn up a little more than the left. The left arm is thrown behind across the back, and the chest rotated forwards, bringing the sternum very nearly in contact with the table, while the spine is fully extended, with the head resting on the left parietal bone. The head must not be flexed on the sternum nor the right shoulder elevated. Indeed, the position must simulate that on the knees as much as possible, and for this reason the patient is rolled over on the front, making it a left lateral semi-prone position."



The light should be derived from the lower portion of the window in front of which the patient is placed upon a table; the upper portion of that window, as well as all other windows in the room, should be closed by blinds. Now oil the duck-bill retractor A and introduce it upon the index finger of the right hand, carrying it along the posterior wall of the vagina as far back as possible, then press its tip with the finger in the vagina towards the sacrum as far as the parts will yield to gentle pressure, and use the screw G to secure it in the position thus

attained. Then place the fulcrum plate B over the centre of the sacrum and draw upon the lever H until the perineum is sufficiently retracted, and fix it in that position by attaching the strap L to the hooks at the upper end of the lever. The little guard plate shown in the wood-cut is intended to cover the steel hooks when the instrument is not in use, to protect the fingers of the operator against accidental contact with them. Should there be lateral version of the uterus, the instrument can be adjusted to any lateral angle by the screw C. By means of this screw also the retractor may be detached, and others of different sizes secured to the levers. The uterus may be fixed in any desired position by tightening the screw D of the adjustable depressor O. It has a sliding as well as rotary motion, and can be detached from the speculum by a few turns of the same screw in the opposite direction, and may then be used with the hand as an ordinary depressor. Should the posterior wall of the vagina be shorter than usual, it may become necessary to loosen the screw G, by a turn or two, to allow the cervix to come forward into the field of vision. If the speculum has not been inserted deep enough into the vagina, the posterior wall will prolapse in front of the cervix. The strap ought then to be detached, the screw O to be loosened, and the speculum to be pushed up far enough to get its tip behind the cervix. While the use of the depressor is only occasionally required in the knee position, it is generally required in the lateral position, to bring the cervix into view by gentle traction made with it upon the anterior wall of the vagina. The knee position is useful when examining for ulcers or excoriations of the vagina, as in this position the vagina becomes distended like a balloon, enabling the operator to inspect the whole of its interior surface simultaneously. This position is represented in the wood-cut; the patient's back ought to be curved downward, her knees to be separated about eight or ten inches, and her thighs to be at right angles with the table upon which she is kneeling. To expose that portion of the posterior surface of the vagina which is generally covered by the speculum, the largest size of the retractors is provided with a large fenestrum, through which this surface may be seen and treated.

The special points in favor of this instrument, when compared with all the tubular and valvular specula, are the following :

1. Its introduction is less difficult, and less apt to be painful.

2. It permits the operator to draw the uterus forward in a line with the axis of the vagina, so that he may touch the cervix, and even explore the interior of the cervical canal with his finger, with the speculum *in situ*, while the other varieties have a tendency to push the uterus deeper into the pelvis, and consequently beyond the reach of the finger.

3. The force necessary for the retraction of the perineum is exerted upon the shoulder, not against the sharp bony edge of the pubic arch, as is the case in a number of other specula. It can, therefore, be used without pain in the most muscular subject, and enables us to retract the perineum to its fullest extent.

4. It exposes simultaneously a larger surface of the vagina, and enables us to operate through a larger and more yielding orifice, so that it may even be used to facilitate the introduction of pessaries.

5. It answers for all the different vaginal or uterine operations in which a speculum is required, while all the others necessitate the possession of a variety of specula.

When compared with Sims' speculum, the points in its favor are: that it affords all the superior advantages of this instrument, and is free of its principal objection—the necessity of a skilled assistant—as it accomplishes, by means of a very simple mechanism, all an assistant can do with Sims' speculum.

It follows all the motions of the patient, never losing its relative position to her body. In consequence of which it is even superior to Sims' speculum when that is held by a skillful assistant, especially during tedious operations, as it then frequently becomes necessary for the operator to put down his instruments and correct the position of the speculum with his own hands, because he finds it next to impossible to convey to the assistant a description of the required position by any other means.

MESSRS. F. ARNOLD & SON, Surgical Instrument Makers, No. 15 S. Sharp Street, Baltimore, manufacture the instrument as here described, and also a cheaper form, without the adjustable depressor and lateral movement, for the general practitioner.